



100315

شركة الأمين للتجهيزات الطبية والعلمية
Al Amin Medical Instruments Co. Ltd.

BILLED TO :

AL MAJAL AL ARABI FOR MAINT
JEDDAH

MAINT SLS.

SHIPPED TO :

KING FAISAL HOSPITAL
Taif

JED

Billing Acct No :

Payment Terms :

Immediately

INVOICE Date : 01.01.2018
Ref.

INVOICE No.: KFHT201701-1

INVOICE

No.	Item Code	Description	Qty.	Unit Price SR.	Total Price SR.
10	8000000728	NIDEK GYC Green Laser Silver	1	6,000.00	6,000.00
20	8000000740	NIDEK YC YAG LASER Silver	1	6,000.00	6,000.00
30	8000000830	FRATEMA Examination Unit Silver	2	4,500.00	9,000.00

TOTAL TWENTY-ONE THOUSAND SAUDI RIYALS

Total : SR. 21,000.00

VAT 0.00

NET AMOUNT TWENTY-ONE THOUSAND SAUDI RIYALS

Net Amount : SR. 21,000.00

Service Manager



Head Office: Jeddah :

P.O.Box 3871 Jeddah 21481 - KSA

Tel.: +966-12-660 1149 / 665 5766

Fax: +966-12-660 1146

KINGDOM WIDE 920028289

Riyadh Branch :

P.O. Box 55177, Riyadh 11534, KSA

Tel. : +966-11- 480 0407

Fax : +966-11- 480 3034

Al-Khobar Branch :

P.O. Box 30047, Al Khobar 31952 - KSA

Tel. : +966-13-864 2911 / 864 3587

Fax: +966-13-899 4033

Al-Madina Branch :

P.O. Box 2870 Madina - KSA

Tel. : +966-14-815 4244 / 815 2529

Fax: +966-14-815 4742

Abha Branch :

Al Rajhi Center - Khalidiya - Abha - KSA

Tel. : +966-17-228 8790

Fax : +966-17-228 8791

Hail Branch :

Hail - KSA

Tel. : +966-16-558-6266

Fax: +966-16-558-5080

Qassim Branch :

Qassim - Buraldah -

Tel. : +966-16-321

Fax: +966-16-321

E-Mail: ksa@amlogroup.com www.amlogroup.com

شركة ذات مسؤولية محدودة - س.ت. : ٢٧٨٧ - ٤٠٣٠٠ - رأس المال ٢٠٠ مليون ريال سعودي - غ.ت. : ١٦٨٠

OPD-7082



36351 /17

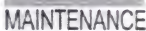
Customer SERVICE REPORT

شركة الامين لصيانة الاجهزة والمعدات الطبية
Al Amin Maintenance & Contracting Co. Ltd.

Hospital / Clinic : King Faisal Hospital.		Telephone :	Date : 12-07-2017 Invoice#:		
Address : Taif.		Fax :	<input checked="" type="checkbox"/> PPM		
		P.O. # :	<input type="checkbox"/> Installation		
		Received thru:	<input type="checkbox"/> Warranty		
		SAP Service Call #:	<input checked="" type="checkbox"/> Contract		
Contact Person :			<input type="checkbox"/> Paid Service		
Model : GYC-1000		Serial # : 12844	Description Green Laser.		
Problem / Error :					
Work Report : PPM done as per check list					
Machines working efficiently.					
Optical <input type="checkbox"/> Ophtha <input checked="" type="checkbox"/> Derma <input type="checkbox"/> ENT <input type="checkbox"/> Ortho <input type="checkbox"/> Neuro <input type="checkbox"/> General <input type="checkbox"/>					
Qty.	Part Description			Price	
Warranty Period:					
Acceptance Date		1st PM	2nd PM	3rd PM	4th PM
/ / 20		/ / 20	/ / 20	/ / 20	/ / 20
Date		/ / 20	/ / 20	/ / 20	/ / 20
Travel Time		Working Time			Expenses
Date	From	To	Total	Unit	Total
Total Travel		Total Work			Total Expenses:
Work Complete Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Note : Customer Engineer			Date : 12-07-2017
Need Follow-up Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					Stamp :
Enclosed					Signature :
Engineer Samer					

(Hotline 9200 - Amico / 9200-26426)

Head Office: Jeddah :	Riyadh Branch :	Al-Khobar Branch :	Al-Madina Branch :	Abha Branch :	Hail Branch :	Qassim Branch :
P.O.Box 3871 Jeddah 21461 - KSA	P.O. Box 55177, Riyadh 11534, KSA	P.O. Box 30047, Al-Khobar 31952 - KSA	P.O. Box 2670 Madina - KSA	Al-Rajhi Center - Khalidiya - Abha - KSA	Hail - KSA	Qassim - Buraidah - KSA
Tel. : +966-12-660 1149 / 665 5766	Tel. : +966-11-480 0407	Tel. : +966-13-864 2911 / 864 3587	Tel. : +966-14-815 4244 / 815 2529	Tel. : +966-17-228 8790	Tel. : +966-16-558-6266	Tel. : +966-16-326-3115
Fax : +966-12-680 1146	Fax : +966-11-480 3034	Fax : +966-13-899 4033	Fax : +966-14-815 4742	Fax : +966-17-228 8791	Fax : +966-16-558-5020	Fax : +966-16-326-7115
E-Mail : ksa@amicogroup.com www.amicogroup.com						

Customer
SERVICE REPORT

شركة الامين لصيانة الاجهزة والمعدات الطبية
Al Amin Maintenance & Contracting Co. Ltd.

(Hotline 9200 - Amico / 9200-26426)

Head Office: Jeddah :
P.O.Box 3871 Jeddah 21481 - KSA
Tel: +966-12-660 1149 / 665 5766
Fax: +966-12-660 1146
KINGDOM WIDE 920028289

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Fax. : +966-14-815 4742

Abha Branch :
Al Rajhi Center - Khaldiya - Abha - KSA
Tel. : +966-17-228 8790
Fax : +966-17-228 8791

Hail Branch :
Hail - KSA
Tel. : +966-16-55
Fax : +966-16-55

Qassim Branch :
Qassim - Buraidah - KSA
Tel. : +966-16-326-3115
Fax : +966-16-326-7115

E-Mail : ksa@amicogroup.com www.amicogroup.com

Orig. : Master file, Blue: Customer, Yellow: Workshop, Pink : Engineer, Green: Accountant



MAINTENANCE

34556 /17

Customer
SERVICE REPORT

OPD- 2153

شركة الامين لصيانة الاجهزة والمعدات الطبية
Al Amin Maintenance & Contracting Co. Ltd.

Hospital / Clinic : مستشفى الملك فيصل التخصصي		Telephone :	Date : 30.7.2017	Invoice# :
Address : حي النخيل		Fax :	<input checked="" type="checkbox"/> PPM	
		P.O. # :	<input type="checkbox"/> Installation	
		Received thru :	<input type="checkbox"/> Warranty	
		SAP Service Call # :	<input type="checkbox"/> Contract	
Contact Person :			<input type="checkbox"/> Paid Service	
Model : SIMPLEX		Serial # : 3880	Description	
Problem / Error :				
Work Report : تم فحص الوحدة و لم تعمل				
Optical <input type="checkbox"/> Ophtha <input checked="" type="checkbox"/> Derma <input type="checkbox"/> ENT <input type="checkbox"/> Ortho <input type="checkbox"/> Neuro <input type="checkbox"/> General <input type="checkbox"/>				
Qty.	Part Description			Price
Warranty Period:				Invoice #
	Acceptance Date	1st PM	2nd PM	3rd PM
	/ / 20	/ / 20	/ / 20	/ / 20
Date	/ / 20	/ / 20	/ / 20	/ / 20
Travel Time		Working Time		
Date	From To Total Unit Total	Date	From To Total Unit Total	Expenses
Total Travel		Total Expenses:		
Work Complete Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Note : Customer Engineer		
Need Follow-up Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Date :		
Enclosed		Stamp :		
Engineer		Signature :		

(Hotline 9200 - Amico / 9200-26426)

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KINGDOM WIDE 820028289

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Tel. : +966-11- 480 0407

Fax : +966-11- 480 3034

Al-Khobar Branch :

P.O. Box 30047, Al Khobar 31952 - KSA

Tel. : +966-13-864 2811 / 864 3587

Fax : +966-13-899 4033

E-Mail : ksa@amicogroup.com

Al-Madina Branch :

P.O. Box 2870 Madina - KSA

Tel. : +966-14-815 4244 / 815 2529

Fax : +966-14-815 4742

www.amicogroup.com

Abha Branch :

Al Rajhi Center - Khaldiya - Abha - KSA

Tel. : +966-17-228 6790

Fax : +966-17-228 6791

Hail Branch :

Hail - KSA

Tel. : +966-16-558-6266

Fax : +966-16-558-5080

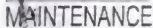
Qassim Branch :

Qassim - Buraidah - KSA

Tel. : +966-16-326-3115

Fax : +966-16-326-7115

Orig. : Master file, Blue: Customer, Yellow: Workshop, Pink : Engineer, Green: Accountant

Customer
SERVICE REPORT

شركة الامين لصيانة الاجهزة والمعدات الطبية
Al Amin Maintenance & Contracting Co. Ltd.

(Hotline 9200 - Amico / 9200-26426)

Qassim Branch :
Qassim - Buraidah - KSA
Tel. : +966-16-326-3115
Fax : +966-16-326-7115

~~Grey: Master File Blue: Customer Yellow: Marketing Pink: Engineer Green: Accountant~~



100315

شركة الأمين للتجهيزات الطبية والعلمية
Al Amin Medical Instruments Co. Ltd.

SAUDI ARABIA

BILLED TO :

AL MAJAL AL ARABI FOR MAINT
JEDDAH

MAINT SLS.

SHIPPED TO :

KING ABDULLAH MEDICAL COMPLEX
NORTH JEDDAH HSOPITAL

JED

Billing Acct No :

Payment Terms :

Immediately

INVOICE Date : 01.01.2018
Ref.

INVOICE No.: NJH201801-1

INVOICE

No.	Item Code	Description	Qty.	Unit Price SR.	Total Price SR.
10	8000000728	NIDEK GYC Green Laser Silver	1	6,250.00	6,250.00
20	8000000740	NIDEK YC YAG LASER Silver	1	6,250.00	6,250.00

Total : SR. 12,500.00
VAT 5% 625.00
Net Amount : SR. 13,125.00

NET AMOUNT THIRTEEN THOUSAND, ONE HUNDRED AND TWENTY-FIVE SAUDI RIYALS

Service Manager



Head Office: Jeddah :
P.O.Box 3871 Jeddah 21481 - KSA
Tel.: +966-12-660 1149 / 665 5766
Fax: +966-12-660 1148
KINGDOM WIDE 920028289

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Fax. : +966-11-480 3034

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P. O. Box 30047, Al Khobar 31952 - KSA
Tel. : +966-13-864 2911 / 864 3587
Fax. : +966-13-899 4033

Al-Madina Branch :
P. O. Box 2870 Madina - KSA
Tel. : +966-14-815 4244 / 815 2529
Fax. : +966-14-815 4742

Abha Branch :
Al Rajhi Center - Khalidiya - Abha - KSA
Tel. : +966-17-228 8790
Fax. : +966-17-228 8791

Hail Branch :
Hail - KSA
Tel. : +966-16-558-8266
Fax. : +966-16-558-5080

Qassim Branch :
Qassim - Buraidah -
Tel. : +966-16-32
Fax. : +966-16-32



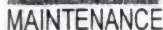
Customer SERVICE REPORT

شركة الامين لصيانة الاجهزة والمعدات الطبية
Al Amin Maintenance & Contracting Co. Ltd.

Hospital / Clinic : King Abdullah Medical Complex.	Telephone :	Date : 14.11.2017	Invoice#:
Address North Jeddah.	Fax :	<input checked="" type="checkbox"/> PPM	
	P.O. # :	<input type="checkbox"/> Installation	
	Received thru:	<input type="checkbox"/> Warranty	
	SAP Service Call #:	<input checked="" type="checkbox"/> Contract	
Contact Person :		<input type="checkbox"/> Paid Service	
Model : YC-1800	Serial #: 82701	Description Yag Laser	
Problem / Error :			
Work Report : PPM done as per check list. Machine's working efficiently.			
Optical <input type="checkbox"/> Ophtha <input checked="" type="checkbox"/> Derma <input type="checkbox"/> ENT <input type="checkbox"/> Ortho <input type="checkbox"/> Neuro <input type="checkbox"/> General <input type="checkbox"/>			
Qty.	Part Description		Part # Price
Warranty Period: Invoice #			
Acceptance Date / / 20	1st PM / / 20	2nd PM / / 20	3rd PM / / 20
Date / / 20	/ / 20	/ / 20	/ / 20
Travel Time Working Time Expenses			
Date From To Total Unit Total	Date From To Total Unit Total	Date From To Total Unit Total	Date From To Total Unit Total
Total Travel	Total Work	Total Expenses:	
Work Complete Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Note : Customer Engineer	Signature	
Need Follow-up Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Stamp : المجالس العامة للصيانة الطبية مجمع الملك عبد الله العلي بن عبدالعزيز الرياض ١٠٦٢٨٤٤	
Enclosed		Signature	
Engineer Osama		Signature	

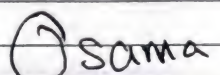
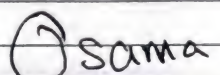
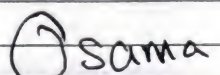
(Hotline 9200 - Amigo / 9200-26426)

Head Office: Jeddah :	Riyadh Branch :	Al-Khobar Branch :	Al-Madina Branch :	Abha Branch :	Hail Branch :	Qassim Branch :
P.O.Box 3871 Jeddah 21481 - KSA	P.O. Box 55177, Riyadh 11534, KSA	P.O. Box 30047, Al Khobar 31952 - KSA	P.O. Box 2870 Madina - KSA	Al Rajhi Center - Khaldiya - Abha - KSA	Hail - KSA	Qassim - Buraidah - KSA



Customer SERVICE REPORT

شركة الامين لصيانة الاجهزة والمعدات الطبية
Al Amin Maintenance & Contracting Co. Ltd.

Hospital / Clinic : King Abdullah Medical Complex.		Telephone :		Date : 14.11.2017		Invoice#:							
Address : North Jeddah.		Fax :		<input checked="" type="checkbox"/> PPM									
		P.O. # :		<input type="checkbox"/> Installation									
		Received thru:		<input type="checkbox"/> Warranty									
		SAP Service Call #:		<input checked="" type="checkbox"/> Contract									
Contact Person :				<input type="checkbox"/> Paid Service									
Model : GYC-1000		Serial # : 130 86		Description Green Laser									
Problem / Error :													
Work Report : PPM done as per checklist. Machines working efficiently.													
Optical <input type="checkbox"/> Ophtha <input checked="" type="checkbox"/> Derma <input type="checkbox"/> ENT <input type="checkbox"/> Ortho <input type="checkbox"/> Neuro <input type="checkbox"/> General <input type="checkbox"/>													
Qty.	Part Description					Part #	Price						
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Warranty Period:						Invoice #							
	Acceptance Date		1st PM		2nd PM		3rd PM		4th PM				
	/ / 20		/ / 20		/ / 20		/ / 20		/ / 20				
Date	/ / 20		/ / 20		/ / 20		/ / 20		/ / 20				
Travel Time			Working Time						Expenses				
Date	From	To	Total	Unit	Total	Date	From	To	Total	Unit	Total	Date	Total
												eng. Osama 14/11/17	
Total Travel						Total Work						Total Expenses:	
Work Complete		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Note : Customer Engineer									
Need Follow-up		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>											
Enclosed													
Engineer													

(Hotline 9200 - Amido / 9200-26426)

Head Office: Jeddah :
P.O.Box 3871 Jeddah 21481 - KSA
Tel : +966 12 660 1140 / 665 5786

Riyadh Branch :
P. O. Box 55177, Riyadh 11534, KSA
Tel. :- +966-11- 480 0407

Al-Khobar Branch :
P. O. Box 30047, Al Khobar 31952 - KSA
Tel. : +966-13-864 2911 / 864 3587

Al-Madina Branch :
P. O. Box 2870 Madina - KSA
Tel. : +966-14-815 4244 / 815 2529

Abha Branch :
Al Rajhi Center - Khaliqiyah - Abha - KSA
Tel. : +966-17-228 8790

Hall Branch :
Hall - KSA
Tel. : +966-16-558-6266

Qassim Branch :
Qassim - Buraidah - KSA
Tel. : +966-16-326-3115



100315

شركة الأمين للتجهيزات الطبية والعلمية

 Deliver to: Al Amin Medical Instruments Co. Ltd.
 SAUDI ARABIA
 Customer SO.: 25089440

BILLED TO :

 AL MAJAL AL ARABI FOR MAINT.
 JEDDAH

MAINT SLS

SHIPPED TO :

 AL MAJAL AL ARABI FOR MAINT.
 JEDDAH

JED

Billing Acct No :

Payment Terms : Payable within 90D

PO NO: KAMCJ-126

Date: 31.12.2017 JEDDAH

Quotation No. : 15045411

Invoice# 901141

INVOICE

No.	Item Code	Description	Qty.	Unit Price SR.	Total Price SR.
	1000008044	K 14315E001P CABLE	2	7,861.50	15,723.00

 راس المال العربي
 شركة


TOTAL FIFTEEN THOUSAND SEVEN HUNDRED TWENTY-THREE SAUDI RIYALS

Total : SR. 15,723.00

AMT FIFTEEN THOUSAND SEVEN HUNDRED TWENTY-THREE SAUDI RIYALS

Net Amount : 15,723.00

User:

Time Stamp:

Service Manager

Head Office: Jeddah :

P.O.Box 3871 Jeddah 21481 - KSA

Tel.: +966-12-660 1149 / 665 5766

Fax: +966-12-660 1146

KINGDOM WIDE 920028289

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P. O. Box 2870 Madina - KSA

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Fax : +966-17-228 8791

Hail Branch :

Hail - KSA

Tel. : +966-16-558-6266

Fax : +966-16-558-5080

Qassim Branch :

Qassim - Buraidah -

Tel. : +966-16-321

Fax : +966-16-321



شركة الأمين للتجهيزات الطبية والعلمية
Al Amin Medical Instruments Co. Ltd.

BILLED TO/الفاتورة الى: 100315

Company
.AL MAJAL AL ARABI FOR MAINT
JEDDA
P.O.BOX 92633
JEDDAH 21485

Page 1 of 1

.MAINT. SLA

SHIPPED TO/المنشأة المستلمة: 100315

Company
.AL MAJAL AL ARABI FOR MAINT
JEDDA
P.O.BOX 92633
JEDDAH 21485

JED

Amico VAT No./الرقم الضريبي: 300466305500003 Customer VAT No./الرقم الضريبي للزبون: 3002314615100003
SO No./رقم طلب البيع: 25091576 Billing Acct. No./رقم الحساب:
Delivery No./رقم التوريد: 800407011 Payment terms/شروط الدفع: Payable within 90 Day
PO NO./رقم طلب الشراء: Eng. Adel Contact Person/شخص الاتصال:
Invoice No/رقم الفاتورة: 1090000197 Invoice Date/تاريخ الفاتورة: 01.02.2018

TAX INVOICE

Reference رقم البند	SKU ID رقم الصنف	Item Description وصف الصنف	Del Date تاريخ التوريد	QTY الكمية	UPrice w/c VAT السعر الفردي دون الضريبة	VAT% ضريبة القيمة المضافة	VAT Amount قيمة الضريبة	Total with VAT الاجمالي
	1000033280	NIDK 11041G016 FIBER OPTIC CABLE GYC1000 قطع غيار اجهزة فحص و عمليات عيون	01.02.2018	1 EA	8,920.00	5%	446.00	9,366.00

استلمت الاصل
خليفة



NINE THOUSAND THREE HUNDRED SIXTY-SIX Total
SAUDI RIYAL ONLY Quantity
الكمية:

المجموع غير شامل الضريبة/Total SAR: 9,920.00
ضريبة القيمة المضافة/VAT SAR: 446.00
المجموع/Net Amount: 9,366.00

User: Mohammed Amanullah

General Manager

Time Stamp: 08.02.2018 10:44

Head Office: Jeddah : P.O.Box 3871 Jeddah 21481 - KSA Tel.: +966-12-660 1149 / 665 5766 Fax: +966-12-660 1146
Riyadh Branch : P.O.Box 55177, Riyadh 11534, KSA Tel.: +966-11-480 0407 Fax: +966-11-480 3034
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E-Mail: ksa@amicogroup.com www.amicogroup.com

AMICO

SAUDI ARABIA

100315

شركة الأمين للتجهيزات الطبية والعلمية
Al Amin Medical Instruments Co. Ltd.**BILLED TO :**AL MAJAL AL ARABI FOR MAINT
JEDDAH

MAINT SLS.

SHIPPED TO :KING FAISAL HOSPITAL
Taif

JED

Billing Acct No :

Payment Terms : Immediately

INVOICE Date : 01.01.2018

INVOICE No.: KFHT201701-1

Ref.

INVOICE

No.	Item Code	Description	Qty.	Unit Price SR.	Total Price SR.
10	8000000728	NIDEK GYC Green Laser Silver	1	6,000.00	6,000.00
20	8000000740	NIDEK YC YAG LASER Silver	1	6,000.00	6,000.00
30	8000000830	FRASTEMA Examination Unit Silver	2	4,500.00	9,000.00

TOTAL TWENTY-ONE THOUSAND SAUDI RIYALS

Total : SR. 21,000.00

VAT 0.00

NET AMOUNT TWENTY-ONE THOUSAND SAUDI RIYALS

Net Amount : SR. 21,000.00

Service Manager



Head Office: Jeddah :
P.O.Box 3871 Jeddah 21481 - KSA
Tel.: +966-12-660 1149 / 665 5766
Fax: +966-12-660 1146
KINGDOM WIDE 920028289

Riyadh Branch :
P. O. Box 55177, Riyadh 11534, KSA
Tel. : +966-11- 480 0407
Fax. : +966-11- 480 3034

Al-Khobar Branch :
P. O. Box 30047, Al Khobar 31952 - KSA
Tel. : +966-13-864 2911 / 864 3587
Fax. : +966-13-899 4033

Al-Madina Branch :
P. O. Box 2870 Madina - KSA
Tel. : +966-14-815 4244 / 815 2529
Fax. : +966-14-815 4742

Abha Branch :
Al Rajhi Center - Khalidiya - Abha - KSA
Tel. : +966-17-228 8790
Fax. : +966-17-228 8791

Hail Branch :
Hail - KSA
Tel. : +966-16-558-6266
Fax. : +966-16-558-5080

Qassim Branch :
Qassim - Buraldah - KSA
Tel. : +966-16-326-3115
Fax. : +966-16-326-7115

E-Mail : ksa@amicogroup.com www.amicogroup.com



SAUDI ARABIA

شركة الأمين للتجهيزات الطبية والعلمية
Al Amin Medical Instruments Co. Ltd.

BILLED TO/الى الفاتورة: 100315

Company
.AL MAJAL AL ARABI FOR MAINT
JEDDA
P.O.BOX 92833
JEDDAH 21485

Page 1 of 1

.MAINT. SLS

SHIPPED TO/المنشأة المستلمة: 100315

Company
.AL MAJAL AL ARABI FOR MAINT
JEDDA
P.O.BOX 92833
JEDDAH 21485

JED

Amico VAT No./الضريبي: 300466305500003 Customer VAT No./الضريبي للزون: 3002314615100003
SO No./رقم طلب البيع: 25092940 Billing Acct. No./رقم الحساب:
Delivery No./رقم التوريد: 800412493 Payment terms/شروط الدفع: Payable within 90 Days
PO NO./رقم طلب الشراء: Eng. Omar Contact Person/شخص الاتصال:
Invoice No/رقم الفاتورة: 1090000423 Invoice Date/تاريخ الفاتورة: 25.02.2018

INVOICE

Refer ence رقم البند	SKU ID رقم الصنف	Item Description وصف الصنف	Del Date تاريخ التوريد	QTY الكمية	UPrice w/o VAT السعر الفردى دون الضريبة	VAT% ضريبة القيمة المضافة	VAT Amount قيمة الضريبة	Total with VAT الاجمالي
	8000000746	US4000/3300 Silver	25.02.2018	1 EA	6,000.00	5%	300.00	6,300.00
	8000000728	GYC1000K Silver	25.02.2018	1 EA	6,000.00	5%	300.00	6,300.00
	8000000728	GYC1000K Silver	25.02.2018	1 EA	6,000.00	5%	300.00	6,300.00
	8000000842	ARKSeries Silver	25.02.2018	2 EA	4,500.00	5%	450.00	9,450.00

TWENTY-EIGHT THOUSAND THREE HUNDRED Total 5
FIFTY SAUDI RIYAL ONLY Quantity

الكمية:

المجموع غير شامل الضريبة/ SAR Total 27,000.00

ضريبة القيمة المضافة/ VAT SAR 1,350.00

المجموع الشامل/ Net Amount 28,350.00



User : Suhail Moulana Selavudeen

Time Stamp : 04.03.2018 11:22

Head Office: Jeddah :

P.O.Box 3871 Jeddah 21481 - KSA

Tel.: +966-12-660 1149 / 665 5766

Fax: +966-12-660 1146

KINGDOM WIDE 920028289

Riyadh Branch :

P.O. Box 55177, Riyadh 11534, KSA

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Fax: +966-13-899 4033

Al-Madina Branch :

P.O. Box 2870 Madina - KSA

Tel. : +966-14-815 4244 / 815 2529

Fax: +966-14-815 4742

Abha Branch :

Al Rajhi Center - Khalidiya - Abha - KSA

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Fax: +966-17-228 8791

Hail Branch :

Hail - KSA

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Fax: +966-16-558-5080

Qassim Branch :

Qassim - Buraidah - KSA

Tel. : +966-16-326-3115

Fax: +966-16-326-7115

E-Mail : ksa@amicogroup.com www.amicogroup.com



شركة الأمين للتجهيزات الطبية والعلمية
Al Amin Medical Instruments Co. Ltd.

SAUDI ARABIA

BILLED TO/الفاتورة الى: 100315

Company

.AL MAJAL AL ARABI FOR MAINT

JEDDA

P.O.BOX 92833

JEDDAH 21485

Page 1 of 1

.MAINT. SLS

SHIPPED TO/المغلة: 100315

Company

.AL MAJAL AL ARABI FOR MAINT

JEDDA

P.O.BOX 92833

JEDDAH 21485

JED

Amico VAT No./الرقم الضريبي: 300466305500003

SO No./رقم طلب البيع: 25092940

Delivery No./رقم التوريد: 800412493

PO NO./رقم طلب الشراء: Eng. Omar

Invoice No./رقم الفاتورة: 1090000423

Customer VAT No./الرقم الضريبي للزبون: 3002314615100003

Billing Acct. No./رقم الحساب:

Payment terms/شروط الدفع:

Contact Person/شخص الاتصال:

Payable within 90 Days

Invoice Date/تاريخ الفاتورة:

25.02.2018

INVOICE

Refer ence رقم البند	SKU ID رقم الصنف	Item Description وصف الصنف	Del Date تاريخ التوريد	QTY الكمية	UPrice w/c VAT السعر الفردى دون الضريبة	VAT% ضريبة القيمة المضافة	VAT Amount قيمة الضريبة	Total with VAT الاجمالي
	8000000746	US4000/3300 Silver	25.02.2018	1 EA	6,000.00	5%	300.00	6,300.00
	8000000728	GYC1000K Silver	25.02.2018	1 EA	6,000.00	5%	300.00	6,300.00
	8000000728	GYC1000K Silver	25.02.2018	1 EA	6,000.00	5%	300.00	6,300.00
	8000000842	ARKSeries Silver	25.02.2018	2 EA	4,500.00	5%	450.00	9,450.00

TWENTY-EIGHT THOUSAND THREE HUNDRED Total 5 المجموع غير شامل الضريبة: 27,000.00
FIFTY SAUDI RIYAL ONLY Quantity VAT SAR/القيمة المضافة: 1,350.00
الكمية: Net Amount/المجموع: 28,350.00

General Manager

User : Suhail Moulana Salevudeen

Time Stamp : 04.03.2018 11:22

Head Office: Jeddah :

Riyadh Branch :

Al-Khobar Branch :

Al-Madina Branch :

Abha Branch :

Hail Branch :

Qassim Branch :

P.O.Box 3871 Jeddah 21481 - KSA

P. O. Box 55177, Riyadh 11534, KSA

P. O. Box 30047, Al Khobar 31952 - KSA

P. O. Box 2870 Madina - KSA

Al Rajhi Center - Khalidiya - Abha - KSA

Hail - KSA

Qassim - Buraidah - KSA

Tel : +966-12-660 1149 / 665 5766

Tel : +966-11- 480 0407

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Fax : +966-11- 480 3034

Fax : +966-13-899 4033

Fax : +966-14-815 4742

Fax : +966-17-228 8791

Fax : +966-16-558-5080

Fax : +966-16-326-7115

KINGDOM WIDE 920028289

E-Mail : ksa@amicogroup.com www.amicogroup.com

Hospital/ Clinic : <u>King Fahd</u>		Telephone :	Date : <u>16-1-18</u>	Invoice#:	
Address : <u>Tafel</u>		Fax :	<input checked="" type="checkbox"/> PPM		
P.O. # :		<input type="checkbox"/> Installation			
Received thru:		<input type="checkbox"/> Warranty			
SAP Service Call #:		<input checked="" type="checkbox"/> Contract			
Contact Person :		<input type="checkbox"/> Paid Service			
Model : <u>Simplex</u>		Serial #: <u>3220</u>	Description <u>Unit</u>		
Problem / Error :					
<u>PPM</u>					
Work Report :					
<u>PPM is done as per check list</u>					
<u>machine's working good</u>					
Optical <input type="checkbox"/> Ophtha <input checked="" type="checkbox"/> Derma <input type="checkbox"/> ENT <input type="checkbox"/> Ortho <input type="checkbox"/> Neuro <input type="checkbox"/> General <input type="checkbox"/>					
Qty.	Part Description			Price	
Warranty Period:					
Acceptance Date		1st PM	2nd PM	3rd PM	4th PM
/ / 20		/ / 20	/ / 20	/ / 20	/ / 20
Date	/ / 20	/ / 20	/ / 20	/ / 20	/ / 20
Travel Time		Working Time			Expenses
Date	From	To	Total	Unit	Total
Total Travel		Total Work			Total Expenses:
Work Complete		Note: Customer Engineer			Date : <u>16.1.18</u>
Need Follow-up					Stamp :
Enclosed					Signature : <u>Saw</u>
Engineer					

(Hotline 9200 - Amico / 9200-26426)

Head Office: Jeddah :

Riyadh Branch :

Al-Khobar Branch :

Al-Madina Branch :

Abha Branch :

Hail Branch :

Qassim Branch :

P.O. Box 3871 Jeddah 21481 - KSA

P.O. Box 55177, Riyadh 11534, KSA

P.O. Box 30047, Al Khobar 31952 - KSA

P.O. Box 2870 Madina - KSA

Al Rajhi Center - Khaldiya - Abha - KSA

Hail - KSA

Qassim - Buraidah - KSA

Tel. : +966-12-660 1149 / 665 5766

Tel. : +966-11-480 0407

Tel. : +966-13-864 2911 / 864 3587

Tel. : +966-14-815 4244 / 815 2529

Tel. : +966-17-228 8790

Tel. : +966-16-558 6266

Tel. : +966-16-326 3115

40391 /17

Customer SERVICE REPORT

سركة الامين لصيانة الاجهزة والمعدات الطبية
Al Amin Maintenance & Contracting Co. Ltd.

Hospital / Clinic : <u>King Fahd</u>		Telephone :		Date : <u>14-1-18</u>		Invoice#:								
Address : <u>Tach</u>		Fax :		<input checked="" type="checkbox"/> PPM										
		P.O. # :		<input type="checkbox"/> Installation										
		Received thru:		<input type="checkbox"/> Warranty										
		SAP Service Call #:		<input checked="" type="checkbox"/> Contract										
Contact Person :				<input type="checkbox"/> Paid Service										
Model : <u>OTIS 3000</u>		Serial # : <u>1183-01527</u>		Description : <u>ultra sound</u>										
Problem / Error :														
<p><u>7 PM</u></p> <p><u>7 PM is done as per check list</u></p> <p><u>machine's working good</u></p> <p><u>3500 probe broken</u></p>														
Optical <input type="checkbox"/> Ophtha <input checked="" type="checkbox"/> Derma <input type="checkbox"/> ENT <input type="checkbox"/> Ortho <input type="checkbox"/> Neuro <input type="checkbox"/> General <input type="checkbox"/>														
Qty.	Part Description					Part #	Price							
Warranty Period:														
						Invoice #								
	Acceptance Date		1st PM		2nd PM		3rd PM		4th PM					
	/ / 20		/ / 20		/ / 20		/ / 20		/ / 20					
Date	/ / 20		/ / 20		/ / 20		/ / 20		/ / 20					
Travel Time			Working Time						Expenses					
Date	From	To	Total	Unit	Total	Date	From	To	Total	Unit	Total	Date		Total
Total Travel						Total Work						Total Expenses:		
Work Complete		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>		Note : Customer Engineer				Date : <u>14-1-18</u>					
Need Follow-up		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						Stamp : <u>[Signature]</u>					
Enclosed										Signature : <u>[Signature]</u>				
Engineer														

(Hotline 9200 - Amico / 9200-26426)

Head Office: Jeddah :

P.O. Box 3871 Jeddah 21481 - KSA
Tel : +966-12-660 1149 / 665 5766

Riyadh Branch :

P.O. Box 55177, Riyadh 11534, KSA
Tel : +966-11-480 0407

Al-Khobar Branch :

P.O. Box 30047, Al Khobar 31952 - KSA
Tel : +966-13-864 2911 / 864 3587

Al-Madina Branch :

P.O. Box 2870 Madina - KSA
Tel : +966-14-815 4244 / 815 2529

Abha Branch :

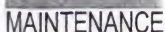
Al Rajhi Center - Khalidiya - Abha - KSA
Tel : +966-17-228 8790

Hail Branch :

Hail - KSA
Tel : +966-16-558 6266

Qassim Branch :

Qassim - Buraidah - KSA
Tel : +966-16-326 3115



Customer SERVICE REPORT

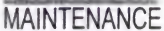
شركة الامين لصيانة الاجهزة والمعدات الطبية
Al Amin Maintenance & Contracting Co. Ltd.

(Hotline 9200 - Amico / 9200-26426)

Qassim Branch :

Qassim - Buraidah - KSA

Tel. : +966-16-326-3115



Customer SERVICE REPORT

شركة الامين لصيانة الاجهزة والمعدات الطبية
Al Amin Maintenance & Contracting Co. Ltd.

Hospital / Clinic : King Abdul Aziz	Telephone :	Date : 10-1-78	Invoice#:										
	Fax :	<input checked="" type="checkbox"/> PPM											
Address	P.O. # :	<input type="checkbox"/> Installation											
	Received thru:	<input type="checkbox"/> Warranty											
	SAP Service Call #:	<input checked="" type="checkbox"/> Contract											
Contact Person :		<input type="checkbox"/> Paid Service											
Model : PC 1800	Serial #: 82583	Description	baser										
Problem / Error :													
Work Report :													
PPH is done machine working good													
Optical <input type="checkbox"/> Ophtha <input checked="" type="checkbox"/> Derma <input type="checkbox"/> ENT <input type="checkbox"/> Ortho <input type="checkbox"/> Neuro <input type="checkbox"/> General <input type="checkbox"/>													
Qty.	Part Description		Part # Price										
Warranty Period:		Invoice #											
	Acceptance Date	1st PM	2nd PM	3rd PM	4th PM								
	/ / 20	/ / 20	/ / 20	/ / 20	/ / 20								
Date	/ / 20	/ / 20	/ / 20	/ / 20	/ / 20								
Travel Time Working Time Expenses													
Date	From	To	Total	Unit	Total	Date	From	To	Total	Unit	Total	Date	Total
Total Travel			Total Work			Total Expenses:							
Work Complete Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Note: Customer Engineer						Date : 10-1-78							
Need Follow-up Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						Stamp : Saw							
Enclosed						Signature :							
Engineer													

(Hotline 9200 - Amico / 9200-26426)

Head Office: Jeddah :
P.O.Box 3871 Jeddah 21481 - KSA
Tel: +966-12-660 1149 / 665 5766

Riyadh Branch :
P. O. Box 55177, Riyadh 11534, KSA
Tel. : +966-11- 480 0407

Al-Khobar Branch :
P.O. Box 30047, Al Khobar 31952 - KSA
Tel. : +966-13-864 2911 / 864 3587

Al-Madina Branch :
P. O. Box 2870 Madina - KSA
Tel. : +966-14-815 4244 / 815 2529

Abha Branch :
Al Rajhi Center - Khalidiya - Abha - KSA
Tel. : +966-17-228 8790

Hail Branch :
Hail - KSA
Tel. : +966-16-558-6266

Qassim Branch :
Qassim - Buraidah - KSA
Tel. : +966-16-326-3115

AMICO

Delivery No: 8001319437
 Customer: شركة الأمين للتجهيزات الطبية والعلمية
 SAUDI ARABIA Al Amin Medical Instruments Co. Ltd.

100315

BILLED TO :

AL MAJAL AL ARABI FOR MAINT. JEDDA
 JEDDAH 21485

.MAINT. SLS

SHIPPED TO :

AL MAJAL AL ARABI FOR MAINT. JEDDA
 JEDDAH 21485

JED

Billing Acct. No :

Payment terms : Payable within 90

Days C004

PO NO:

Eng. Masri

Invoice Date : 31.12.2017

Invoice No : 90114153

Contact Person :

INVOICE

Reference رقم البند	SKU ID رقم الصنف	Item Description وصف الصنف	Qty الكمية	UOM وحدة القياس	Unit Price السعر الفردي SAR	Total Price السعر الاجمالي SAR
	80000011 42	FusionNav Silver	1	each	10,000.00	10,000.00
		Fusion Navigation Silve				
	80000011 48	S7 Silver	1	each	28,000.00	28,000.00
		Medtronic - S7 Silve				
	80000010 76	BiologicNavPro Silver	2	each	5,000.00	10,000.00
		Biologic Nav Pro Silve				
	80000010 82	BiologicOAE Silver	1	each	3,750.00	3,750.00
		Biologic OAE Silve				
	80000009 04	CynergyVS/G Golden	1	each	10,000.00	10,000.00
		CynergyV-Start/General Golde				
	80000009 97	HoyaC6/G PS 1 PPM	1	each	10,000.00	10,000.00
		C6/General Paid Service - 1 PP				

SEVENTY-ONE THOUSAND SEVEN HUNDRED FIFTY Total quantity : 7
 SAUDI RIYAL ONLY

Total : SAR 71,750.00
 VAT 5% : 0.00
 Net Amount : SAR 71,750.00

User : Suhail Moulana Salavudeen

Time Stamp : 25.03.2018 11:22



Head Office: Jeddah :
 P.O.Box 3871 Jeddah 21481 - KSA
 Tel.: +966-12-660 1149 / 665 5766
 Fax: +966-12-660 1146
 KINGDOM WIDE 920028289

Riyadh Branch :
 P. O. Box 55177, Riyadh 11534, KSA
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 Fax: +966-11- 480 3034

Al-Khobar Branch :
 P. O. Box 30047, Al Khobar 31952 - KSA
 Tel. : +966-13-864 2911 / 864 3587
 Fax: +966-13-899 4033

Al-Madina Branch :
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 Fax: +966-14-815 4742

Abha Branch :
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 Fax: +966-17-228 8791

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 Hail - KSA
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 Fax: +966-16-558-5080

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 Qassim - Buraldah - KSA
 Tel. : +966-16-326-3115
 Fax: +966-16-326-7115

E-Mail : ksa@amicogroup.com www.amicogroup.com

36334 /17

شركة الامين لصيانة الاجهزة والمعدات الطبية
Al Amin Maintenance & Contracting Co. Ltd.

Id Office: Jeddah : 30x 3871 Jeddah 21481 - KSA
 +966-12-660 1149 / 665 5766
 +966-12-660 1146
 DOM WIDE 920028289

Riyadh Branch : P. O. Box 55177, Riyadh 11534, KSA
 Tel. : +966-11-480 0407
 Fax. : +966-11-480 3034

Al-Khobar Branch : P. O. Box 30047, Al Khobar 31952 - K.S.A
 Tel. : +966-13-864 2911 / 864 3587
 Fax: +966-13-899 4033

Al-Madina Branch : P. O. Box 2870 Madina - KSA
 Tel. : +966-14-815 4244 / 815 2529
 Fax : +966-14-815 4742

Abha Branch : Al Rajhi Center - Khaldiya - Abha - KSA
 Tel. : +966-17-228 8790
 Fax : +966-17-228 8790

Hail Branch : Hail - KSA
 Tel. : +966-16-558-6266

Qassim Branch : Qassim - Buraidah - KSA
 Tel. : +966-16-326-3115

Head Office: Jeddah : P.O.Box 3871 Jeddah 21481 - KSA
Tel : +966-12-660 1149 / 665 5766
Fax : +966-12-660 1146
KINGDOM WIDE 9200282830

Riyadh Branch : P.O. Box 55177, Riyadh 11534, KSA
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Fax : +966-11- 480 3034

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Abha Branch : Al Rajhi Center - Khaldiya - Abha - KSA
Tel. : +966-17-228 8790
Fax. : +966-17-228 8791

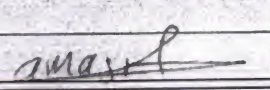
Hail Branch : Hail - KSA
Tel. : +966-16-558-6266
Fax : +966-16-558-5080

Qassim Branch : Qassim - Buraidah - KSA
Tel. : +966-16-326-3115
Fax. : +966-16-326-7115

E-Mail : ksa@amico-group.com amico@amico-group.com

36331 /17

Customer
SERVICE REPORTشركة الامين لصيانة الاجهزة والمعدات الطبية
Al Amin Maintenance & Contracting Co. Ltd.

Hospital / Clinic : K.F.G.H.		Telephone :		Date : 2017		Invoice#:								
		Fax :		<input type="checkbox"/> PPM										
Address		P.O. # :		<input type="checkbox"/> Installation										
		Received thru:		<input type="checkbox"/> Warranty										
		SAP Service Call #:		<input type="checkbox"/> Contract										
Contact Person :				<input type="checkbox"/> Paid Service										
Model : Biologic		Serial #: 081128480		Description Scoutsport										
Problem / Error :														
Work Report : PPM done as per attached check List & the device working very good.														
Optical <input type="checkbox"/> Ophtha <input type="checkbox"/> Derma <input type="checkbox"/> ENT <input checked="" type="checkbox"/> Ortho <input type="checkbox"/> Neuro <input type="checkbox"/> General <input type="checkbox"/>														
Qty.	Part Description					Part #	Price							
Warranty Period:														
	Acceptance Date		1st PM		2nd PM		4th PM							
	/ / 20		/ / 20		/ / 20		/ / 20							
Date	/ / 20		/ / 20		/ / 20		/ / 20							
Travel Time				Working Time				Expenses						
Date	From	To	Total	Unit	Total	Date	From	To	Total	Unit	Total	Date	Total	
Total Travel					Total Work					Total Expenses:				
Work Complete		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Note : Customer Engineer				Date :						
Need Follow-up		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>					Stamp :						
Engineer								Signature :						

(Hotline 9200 - Amico / 9200-26426)

Head Office: Jeddah :
P.O. Box 3871 Jeddah 21481 - KSA
Tel. : +966-12-660 1149 / 665 5766
Fax : +966-12-660 1146Riyadh Branch :
P.O. Box 55177, Riyadh 11534, KSA
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Fax : +966-16-326-7115

40216 /17

**Customer
SERVICE REPORT**

شركة الامين لصيانة الاجهزة والمعدات الطبية
Al Amin Maintenance & Contracting Co. Ltd.

Hospital / Clinic : <u>King Fahad Hospital</u>		Telephone :		Date <u>21/12/17</u>		Invoice#:							
Address : <u>Jeddah</u>		Fax :		<input type="checkbox"/> PPM									
		P.O. # :		<input type="checkbox"/> Installation									
		Received thru:		<input type="checkbox"/> Warranty									
		SAP Service Call #:		<input checked="" type="checkbox"/> Contract									
Contact Person :				<input type="checkbox"/> Paid Service									
Model : <u>Cephuscore VStar</u>		Serial #: <u>VSHP-0419</u>		Description <u>Dye laser (Vascular Laser)</u>									
Problem / Error : <u>PPM under contract</u>													
Work Report : <u>checked the system under contract as per list attached</u>													
Optical <input type="checkbox"/> Ophtha <input type="checkbox"/> Derma <input type="checkbox"/> ENT <input type="checkbox"/> Ortho <input type="checkbox"/> Neuro <input type="checkbox"/> General <input type="checkbox"/>													
Qty.	Part Description					Part #	Price						
Warranty Period: Invoice #													
	Acceptance Date		1st PM		2nd PM		3rd PM		4th PM				
	/ / 20		/ / 20		/ / 20		/ / 20		/ / 20				
te	/ / 20		/ / 20		/ / 20		/ / 20		/ / 20				
Travel Time			Working Time					Expenses					
Date	From	To	Total	Unit	Total	Date	From	To	Total	Unit	Total	Date	Total
Total Travel						Total Work						Total Expenses:	
Work Complete		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Note : Customer Engineer					Date : <u>21/12/17</u>					
Need Follow-up		Yes <input type="checkbox"/> No <input type="checkbox"/>						Stamp :					
Enclosed								Signature : <u>C. S. Al Amin</u>					
Engineer		<u>Marijman</u>											

(Hotline 9200 - Amico / 9200-26426)

Head Office: Jeddah :
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Qassim - Buraldah - KSA
Tel. : +966-16-326-3115
Fax : +966-16-326-7115

E-Mail : ksa@amigroup.com www.amigroup.com

Hospital / Clinic : King Fahad		Telephone :	Date : 2/11/2017	Invoice#:	
Address : General Hospital Jeddah		Fax :	<input type="checkbox"/> PPM		
		P.O. # :	<input type="checkbox"/> Installation		
		Received thru:	<input type="checkbox"/> Warranty		
		SAP Service Call #:	<input checked="" type="checkbox"/> Contract		
Contact Person :			<input type="checkbox"/> Paid Service		
Model : Photomax		Serial # : 80740	Description : Eximer laser		
Problem / Error : AL 8000					
ppm / contract					
Work Report : ppm Done as per Supplier's check list.					
System working good.					
Optical <input type="checkbox"/> Ophtha <input type="checkbox"/> Derma <input type="checkbox"/> ENT <input type="checkbox"/> Ortho <input type="checkbox"/> Neuro <input type="checkbox"/> General <input type="checkbox"/>					
Qty.	Part Description			Part #	Price
Warranty Period:					Invoice #
	Acceptance Date	1st PM	2nd PM	3rd PM	4th PM
	/ / 20	/ / 20	/ / 20	/ / 20	/ / 20
	/ / 20	/ / 20	/ / 20	/ / 20	/ / 20
Travel Time		Working Time			Expenses
Date	From	To	Total	Unit	Total
Total Travel		Total Work			Total Expenses:
Work Complete Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Note : Customer Engineer			Date : 2/11/2017
Need Follow-up Yes <input type="checkbox"/> No <input type="checkbox"/>					Stamp :
Enclosed		Eng. Samir Salah			Signature : 2/11/39
Engineer : Muni Jaber					

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Qassim Branch :
Qassim - Buraidah - KSA
Tel. : +966-16-326-3115
Fax : +966-16-326-7115

Hospital / Clinic : <i>K-F-G-H</i>	Telephone :	Date : <i>20-11-2017</i>	Invoice#:
	Fax :	<input type="checkbox"/> PPM	
Address	P.O. # :	<input type="checkbox"/> Installation	
	Received thru:	<input type="checkbox"/> Warranty	
	SAP Service Call #:	<input type="checkbox"/> Contract	
Contact Person :		<input type="checkbox"/> Paid Service	

Model : <i>Biologic</i>	Serial #: <i>2711284</i>	Description <i>Scout sport</i>
Problem / Error :		

Work Report : *PPM done as per attached check List &*

the device working very good

Optical ☐ Ophtha ☐ Derma ☐ ENT ☒ Ortho ☐ Neuro ☐ General ☐

Qty.	Part Description	Part #	Price

Warranty Period:

Invoice #

Acceptance Date	1st PM	2nd PM	3rd PM	4th PM
/ / 20	/ / 20	/ / 20	/ / 20	/ / 20
Date	1st PM	2nd PM	3rd PM	4th PM
/ / 20	/ / 20	/ / 20	/ / 20	/ / 20

Travel Time						Working Time						Expenses	
Date	From	To	Total	Unit	Total	Date	From	To	Total	Unit	Total	Date	Total
Total Travel						Total Work						Total Expenses:	

Work Complete	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Note : Customer Engineer	Date :
Need Follow-up	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Stamp :
Enclosed			Signature :
Engineer	<i>amir</i>		

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36331 /17

**Customer
SERVICE REPORT**

شركة الامين لصيانة الاجهزة والمعدات الطبية
Al Amin Maintenance & Contracting Co. Ltd.

Hospital / Clinic : <i>Al Amin</i>			Telephone :			Date :			Invoice#:				
Address			Fax :			<input type="checkbox"/> PPM							
			P.O. # :			<input type="checkbox"/> Installation							
			Received thru:			<input type="checkbox"/> Warranty							
			SAP Service Call #:			<input type="checkbox"/> Contract							
Contact Person :						<input type="checkbox"/> Paid Service							
Model : <i>R10-11C</i>			Serial #:			Description							
Problem / Error :													
Work Report : <i>PPM done on 11/11/2010. No fault found. The device is working well.</i>													
Optical <input type="checkbox"/> Ophtha <input type="checkbox"/> Derma <input type="checkbox"/> ENT <input type="checkbox"/> Ortho <input type="checkbox"/> Neuro <input type="checkbox"/> General <input type="checkbox"/>													
Qty.	Part Description								Part #	Price			
Warranty Period: Invoice #													
	Acceptance Date		1st PM		2nd PM		3rd PM		4th PM				
	/ / 20		/ / 20		/ / 20		/ / 20		/ / 20				
Date	/ / 20		/ / 20		/ / 20		/ / 20		/ / 20				
Travel Time						Working Time						Expenses	
Date	From	To	Total	Unit	Total	Date	From	To	Total	Unit	Total	Date	Total
Total Travel						Total Work						Total Expenses:	
Work Complete Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						Note : Customer Engineer						Date :	
Need Follow-up Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>												Stamp :	
Enclosed						Signature :							
Engineer <i>Amico</i>													

(Hotline 9200 - Amico / 9200-26426)

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36336 /17

**Customer
SERVICE REPORT**

شركة الامين لصيانة الاجهزة والمعدات الطبية
Al Amin Maintenance & Contracting Co. Ltd.

Hospital / Clinic : K.F.G.H		Telephone :		Date : 22-11-2017		Invoice#:	
Address :		Fax :		<input checked="" type="checkbox"/> PPM			
		P.O. # :		<input type="checkbox"/> Installation			
		Received thru:		<input type="checkbox"/> Warranty			
		SAP Service Call #:		<input checked="" type="checkbox"/> Contract			
Contact Person :				<input type="checkbox"/> Paid Service			
Model : Natur-Biologic		Serial #: 10B05771M		Description ABR			
Problem / Error :							
Work Report : PPM done as per attached checklist of the device working very good.							
Optical <input type="checkbox"/> Ophtha <input type="checkbox"/> Derma <input type="checkbox"/> ENT <input type="checkbox"/> Ortho <input type="checkbox"/> Neuro <input type="checkbox"/> General <input type="checkbox"/>							
Qty.	Part Description					Part #	Price
Warranty Period:							
Acceptance Date		1st PM		2nd PM		3rd PM	
/ / 20		/ / 20		/ / 20		/ / 20	
Date		/ / 20		/ / 20		/ / 20	
Invoice #							
Travel Time				Working Time			
Date	From	To	Total	Unit	Total	Date	Total
Total Travel				Total Work		Total Expenses:	
Work Complete Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				Note : Customer Engineer		Date :	
Need Follow-up Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						Stamp :	
Enclosed						Signature :	
Engineer amir							

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Hospital / Clinic : <u>K.F.C.H</u>		Telephone :		Date : <u>22.11.2017</u>		Invoice#:							
		Fax :		<input checked="" type="checkbox"/> PPM									
Address		P.O. # :		<input type="checkbox"/> Installation									
		Received thru:		<input type="checkbox"/> Warranty									
		SAP Service Call #:		<input checked="" type="checkbox"/> Contract									
Contact Person :				<input type="checkbox"/> Paid Service									
Model : <u>Natur-BioLogic</u>		Serial #: <u>10B05771M</u>		Description <u>ABR</u>									
Problem / Error :													
Work Report : <u>PPM done as per attached checklist of the device working very good.</u>													
Optical <input type="checkbox"/> Ophtha <input type="checkbox"/> Derma <input type="checkbox"/> ENT <input type="checkbox"/> Ortho <input type="checkbox"/> Neuro <input type="checkbox"/> General <input type="checkbox"/>													
Qty.	Part Description					Part #	Price						
Warranty Period:													
Invoice #													
	Acceptance Date		1st PM		2nd PM		3rd PM		4th PM				
	/ / 20		/ / 20		/ / 20		/ / 20		/ / 20				
Date	/ / 20		/ / 20		/ / 20		/ / 20		/ / 20				
Travel Time			Working Time					Expenses					
Date	From	To	Total	Unit	Total	Date	From	To	Total	Unit	Total	Date	Total
Total Travel						Total Work						Total Expenses:	
Work Complete			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			Note : Customer Engineer			Date :				
Need Follow-up			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						Stamp :				
Enclosed									Signature :				
Engineer			<u>amir</u>										

(Hotline 9200 - Amico / 9200-26426)

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36336 /17

**Customer
SERVICE REPORT**

شركة الامين لصيانة الاجهزة والمعدات الطبية
Al Amin Maintenance & Contracting Co. Ltd.

Hospital / Clinic :	Telephone :	Date :	Invoice#:
Address	Fax :	<input checked="" type="checkbox"/> PPM	
	P.O. # :	<input type="checkbox"/> Installation	
	Received thru:	<input type="checkbox"/> Warranty	
	SAP Service Call #:	<input checked="" type="checkbox"/> Contract	
Contact Person :		<input type="checkbox"/> Paid Service	

Model :	Serial #:	Description
---------	-----------	-------------

Problem / Error :

Work Report :

Optical ☐ Ophtha ☐ Derma ☐ ENT ☐ Ortho ☐ Neuro ☐ General ☐

Qty.	Part Description	Part #	Price

Warranty Period: Invoice #

Acceptance Date	1st PM	2nd PM	3rd PM	4th PM
/ / 20	/ / 20	/ / 20	/ / 20	/ / 20
Date	/ / 20	/ / 20	/ / 20	/ / 20

Travel Time						Working Time						Expenses	
Date	From	To	Total	Unit	Total	Date	From	To	Total	Unit	Total	Date	Total
Total Travel						Total Work						Total Expenses:	

Work Complete	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Note : Customer Engineer	Date :
Need Follow-up	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Stamp :
Enclosed			Signature :
Engineer			

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36335 /17

Customer SERVICE REPORT

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Al Amin Maintenance & Contracting Co. Ltd.

Hospital / Clinic :		Telephone :		Date :		Invoice#:																																																																																																				
		Fax :		<input type="checkbox"/> PPM																																																																																																						
Address		P.O. # :		<input type="checkbox"/> Installation																																																																																																						
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		SAP Service Call #:		<input type="checkbox"/> Contract																																																																																																						
Contact Person :				<input type="checkbox"/> Paid Service																																																																																																						
Model : <i>Natus P-1000</i>		Serial #: <i>22H 4121</i>		Description <i>ATK</i>																																																																																																						
Problem / Error :																																																																																																										
Work Report : <i>PPM done as per attached checklist</i>																																																																																																										
<i>The device working very good</i>																																																																																																										
<input type="checkbox"/> Optical <input type="checkbox"/> Ophtha <input type="checkbox"/> Derma <input checked="" type="checkbox"/> ENT <input type="checkbox"/> Ortho <input type="checkbox"/> Neuro <input type="checkbox"/> General																																																																																																										
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Date	/ / 20		/ / 20		/ / 20		/ / 20																																																																																																			
<table border="1"> <thead> <tr> <th colspan="6">Travel Time</th> <th colspan="6">Working Time</th> <th colspan="2">Expenses</th> </tr> <tr> <th>Date</th> <th>From</th> <th>To</th> <th>Total</th> <th>Unit</th> <th>Total</th> <th>Date</th> <th>From</th> <th>To</th> <th>Total</th> <th>Unit</th> <th>Total</th> <th>Date</th> <th>Total</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr> <td colspan="6">Total Travel</td> <td colspan="6">Total Work</td> <td colspan="2">Total Expenses:</td> </tr> </tbody> </table>									Travel Time						Working Time						Expenses		Date	From	To	Total	Unit	Total	Date	From	To	Total	Unit	Total	Date	Total																																																									Total Travel						Total Work						Total Expenses:	
Travel Time						Working Time						Expenses																																																																																														
Date	From	To	Total	Unit	Total	Date	From	To	Total	Unit	Total	Date	Total																																																																																													
Total Travel						Total Work						Total Expenses:																																																																																														
Work Complete		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Note : Customer Engineer				Date :																																																																																																		
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Enclosed								Signature :																																																																																																		
Engineer		<i>Amico</i>																																																																																																								

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Qassim Branch :
Qassim - Buraidah - KSA
Tel. : +966-16-326-3115
Fax : +966-16-326-7115

36335 /17

Customer
SERVICE REPORT

شركة الامين لصيانة الاجهزة والمعدات الطبية
Al Amin Maintenance & Contracting Co. Ltd.

Hospital / Clinic : <u>K. P. G. H</u>		Telephone :		Date : <u>22 11 2017</u>		Invoice#:											
		Fax :		<input type="checkbox"/> PPM													
Address		P.O. # :		<input type="checkbox"/> Installation													
		Received thru:		<input type="checkbox"/> Warranty													
		SAP Service Call #:		<input type="checkbox"/> Contract													
Contact Person :				<input type="checkbox"/> Paid Service													
Model : <u>Natus-BioLogic</u>		Serial # : <u>08H049695</u>		Description <u>AIR</u>													
Problem / Error :																	
Work Report : <u>PPM done as per attached checklist</u>																	
Optical <input type="checkbox"/> Ophtha <input type="checkbox"/> Derma <input type="checkbox"/> ENT <input checked="" type="checkbox"/> Ortho <input type="checkbox"/> Neuro <input type="checkbox"/> General <input type="checkbox"/>																	
Qty.		Part Description				Part #		Price									
Warranty Period:										Invoice #							
Acceptance Date		1st PM		2nd PM		3rd PM		4th PM									
/ / 20		/ / 20		/ / 20		/ / 20		/ / 20									
Date		/ / 20		/ / 20		/ / 20		/ / 20									
Travel Time						Working Time						Expenses					
Date	From	To	Total	Unit	Total	Date	From	To	Total	Unit	Total	Date			Total		
Total Travel						Total Work						Total Expenses:					
Work Complete Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						Note : Customer Engineer						Date :					
Need Follow-up Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>												Stamp :					
Enclosed												Signature :					
Engineer <u>[Signature]</u>																	

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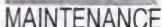
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Al Amin Maintenance & Contracting Co. Ltd.

Hospital / Clinic : <u>K. F. G. H</u>		Telephone :		Date : <u>22 11 2017</u>		Invoice#:								
		Fax :		<input type="checkbox"/> PPM										
Address		P.O. # :		<input type="checkbox"/> Installation										
		Received thru:		<input type="checkbox"/> Warranty										
		SAP Service Call #:		<input type="checkbox"/> Contract										
Contact Person :				<input type="checkbox"/> Paid Service										
Model : <u>Natus Biologic</u>		Serial #: <u>08H049605</u>		Description		<u>ABR</u>								
Problem / Error :														
Work Report : <u>PPM done as per attached checklist</u> <u>& the device working very good.</u>														
Optical <input type="checkbox"/> Ophtha <input type="checkbox"/> Derma <input type="checkbox"/> ENT <input checked="" type="checkbox"/> Ortho <input type="checkbox"/> Neuro <input type="checkbox"/> General <input type="checkbox"/>														
Qty.		Part Description				Part #		Price						
Warranty Period:								Invoice #						
Acceptance Date		1st PM		2nd PM		3rd PM		4th PM						
/ / 20		/ / 20		/ / 20		/ / 20		/ / 20						
Date		/ / 20		/ / 20		/ / 20		/ / 20						
Travel Time			Working Time			Expenses								
Date	From	To	Total	Unit	Total	Date	From	To	Total	Unit	Total	Date	Total	
Total Travel						Total Work						Total Expenses:		
Work Complete		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Note : Customer Engineer				Date :						
Need Follow-up		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						Stamp :						
Enclosed								Signature :						
Engineer		<u>[Signature]</u>												

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G-110-001
40552 /17

**Customer
SERVICE REPORT**

شركة الامين لصيانة الاجهزة والمعدات الطبية
Al Amin Maintenance & Contracting Co. Ltd.

Hospital / Clinic :	Telephone :	Date : 6/12/17	Invoice#:
King Fahad Hospital	Fax :	<input checked="" type="checkbox"/> PPM	
Address	P.O. # :	<input type="checkbox"/> Installation	
	Received thru:	<input type="checkbox"/> Warranty	
	SAP Service Call #:	<input type="checkbox"/> Contract	
Contact Person :		<input type="checkbox"/> Paid Service	

Model : Devlion	Serial #: P3421-SARPC-002	Description : UVB Cabinet
Problem / Error :		fully Body Phototherapy

Work Report :

PPM is done. The machine is working properly.

Optical <input type="checkbox"/>	Ophtha <input type="checkbox"/>	Derma <input type="checkbox"/>	ENT <input type="checkbox"/>	Ortho <input type="checkbox"/>	Neuro <input type="checkbox"/>	General <input type="checkbox"/>
Qty.	Part Description				Part #	Price

Warranty Period:					Invoice #				
	Acceptance Date	1st PM	2nd PM	3rd PM	4th PM				
	/ / 20	/ / 20	/ / 20	/ / 20	/ / 20				
Date		/ / 20	/ / 20	/ / 20	/ / 20				

Travel Time						Working Time						Expenses	
Date	From	To	Total	Unit	Total	Date	From	To	Total	Unit	Total	Date	Total
Total Travel						Total Work						Total Expenses:	

Work Complete	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Note : Customer Engineer	Date : 6/12/2017
Need Follow-up	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>		Stamp :
Enclosed			Signature :	
Engineer	Osamah Alglolhi			

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Hospital / Clinic :	Telephone :	Date : 6/12/17	Invoice#:
King Fahad Hospital	Fax :	<input checked="" type="checkbox"/> PPM	
Address	P.O. # :	<input type="checkbox"/> Installation	
	Received thru:	<input type="checkbox"/> Warranty	
	SAP Service Call #:	<input type="checkbox"/> Contract	
Contact Person :		<input type="checkbox"/> Paid Service	

Model : TP-4DLT2	Serial #: 71000095	Description UV Irradiation
Problem / Error :		

Work Report :

PPM is done. The machine is working properly.

Optical ☐ Ophtha ☐ Derma ☐ ENT ☐ Ortho ☐ Neuro ☐ General ☐

Qty.	Part Description	Part #	Price

Warranty Period:

Invoice #

Acceptance Date	1st PM	2nd PM	3rd PM	4th PM
/ / 20	/ / 20	/ / 20	/ / 20	/ / 20
Date	/ / 20	/ / 20	/ / 20	/ / 20

Travel Time						Working Time						Expenses	
Date	From	To	Total	Unit	Total	Date	From	To	Total	Unit	Total	Date	Total
Total Travel						Total Work						Total Expenses:	

Work Complete Yes ☒ No ☐Need Follow-up Yes ☐ No ☒

Enclosed

Engineer Osama Alghofi

Note : Customer Engineer

Eng. Samar Salah

Date : 6/12/17

Stamp :

Signature :

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